PTO/SB/17 (11-00)
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complet if Known 09/219,288-1977 **Application Number** December 22, 1998 Filing Date William E. Asher et al. First Named Inventor Lyle Alexander **Examiner Name** 1743 Group Art Unit 101324-54 Attorney Docket No.

Total Claims = X = 143	TOTAL AMOUNT OF PAYMENT (\$) 410.00		Attome	y Doc	cet No.	101324-54	
Large Entity Small Entity Fee Fee Code (8) Code (9) Code (9) Code Cod	METHOD OF PAYMENT				FEE C	ALCULATION (continued)	
Large Entity Series Fee	1. The Commissioner is hereby authorized to charge actions. ADDITIONAL FEES						
Code (8) Code (8) Code (8) Fee Description Paid	Deposit	_			_	-	
Surchright							
Crasps Ary Addisoral X Applicant Catina small register 139 130		105	130	205	65		
Second Continue		127	50	227	25		
2. X Payment Enclosed X Check	Fee Required Underentity status. See	139	130			——	
2. X Payment Enclosed X Check	37 CFR 1.16 and 1.17 37 CFR 1.27	147	2,520	147	2,520		
X Check Credit Card Money Order Other Tis 1-96 Examiner action Seaminer action Sea	2. X Payment Enclosed	112	920*	112	920*	Examiner action	
1. BASIC FILING FEE	X Check Credit Card Money Order Other	113	1,840*	113	1,840*		
1. BASIC FILING FEE 116 390 216 195 Extension for reply within second month 117 890 217 445 Extension for reply within second month 118 1.390 218 695 Extension for reply within florif month 118 1.390 218 695 Extension for reply within florif month 118 1.390 218 695 Extension for reply within florif month 118 1.390 218 695 Extension for reply within florif month 118 1.390 218 21	FEE CALCULATION	115	110	215	55	Extension for reply within first month 55.0	
Fee		116	390	216	195	Extension for reply within second month	
Code (5) Code (5) Peace Scription Fae Paid 101 7.00 201 335 Utility filing fee	Large Entity Small Entity	117	890	217	445	Extension for reply within third month	
101 710 201 355 Utility filing fee	Fee Description	118	1,390	218	695	Extension for reply within fourth month	
106 320 206 160 Design filing fee	Code (\$) Code (\$)	128	1.890	228	945	Extension for reply within fifth month	
107 490 207 245 Plant filing fee	· -	1				· · · · · · · · · · · · · · · · · · ·	
108 710 208 355 Reissue filing fee 121 270 221 135 Request for oral hearing 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive – unavoidable 140 110 240 55 Petition to revive – unavoidable 141 1,240 241 620 Petition to revive – unavoidable 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240	· · · · · ·	1				· · · · · · · · · · · · · · · · · · ·	
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SUBTOTAL (1) (5) 140 110 240 55 Petition to revive – unavoidable 141 1,240 241 620 Petition to revive – unavoidable 141 1,240 241 620 Petition to revive – unintentional 142 1,240 242 620 Utility issue fee (or reissue) 142 1,240 242 620 Utility issue fee (or reissue) 143 440 243 220 Design issue fee 144 600 244 300 Plant issue fee 144 600 244 300 Pl	<u> </u>	ı					
2. EXTRA CLAIM FEES Claims Fee from below Fee Paid Total Claims		1				· · · · · · · · · · · · · · · · · · ·	
Total Claims	SUBTOTAL (1) (\$)	141	1,240	241	620	Petition to revive - unintentional	
Independent Claims Substitute Claims Clai		142	1,240	242	620	Utility issue fee (or reissue)	
Multiple Dependent 122 130 122 130 Petitions to the Commissioner		143	440	243	220	Design issue fee	
Multiple Dependent		144	600	244	300	Plant issue fee	
Large Entity Small Entity Fee Fee Fee Fee Fee (\$) Code (\$) Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 30 104 270 204 135 Multiple dependent claims in excess of 30 109 80 209 40 "Reissue independent claims over original patent over original patent 109 80 210 9 "Reissue claims in excess of 20 110 18 210 9 "Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$) '410,000 110 18 210 9 "Reduced by Basic Filing Fee Paid SubTOTAL (3) (\$)	Multiple Dependent =	122	130	122	130	Petitions to the Commissioner	
Fee Fee Fee Fee (\$) Code (\$) Code (\$) Code (\$) Fee Description S81 40 581 40 Recording each patent assignment per properly (times number of properties) 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claims over original patent over original patent sover original patent sover original patent SUBTOTAL (2) (\$) PRESSUE claims in excess of 20 and over original patent SUBTOTAL (2) (\$) Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) SUBMITTED BY Name (print/type) Thomas J. Engellenner Registration No. (Attomey/Agent) I hereby certify that this correspondence is being deposed with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Corprins and so for Patents, Washington, DC 20231, on the date shown below.		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claims over original patent 109 80 209 40 Reguest independent claims over original patent 110 18 210 9 Resisue claims in excess of 20 110 18 210 9 Resisue claims in excess of 20 110 18 210 9 Resisue claims in excess of 20 110 18 210 9 Resisue claims in excess of 20 110 18 210 9 Request for expedited examination (RCE) (\$) 110 18 210 9 Request for expedited examination of a design application 110 18 210 9 Request for expedited examination (RCE) (\$) 169 900 169 900 Request for expedited examination of a design application 110 18 210 9 Registration No. (Altomey/Agent) 110 18 210 9 Request for expedited examination (RCE) 110 18 210 9 Request for expedited examination (RCE) 110 18 210 9 Request for expedited examination (RCE) 110 19 10 279 355 Request for Continued Texamination (RCE) 110 10 10 279 355 Request for Continued Texamination (RCE) 110 10 279 355 Request for Continued Texamination (RCE) 110 10 279 355 Request for Continued Texamination (RCE) 110 10 279 355 Request for Continued Texamination (RCE) 110 10 270 370 370 370 370 370 370 370 370 370 3	Large Entity Small Entity	126	180	126	180		
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 "Reissue independent claims over original patent 110 18 210 9 "Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) "Year Reissues, see above SUBMITTED BY Registration No. (Attomey/Agent) Thomas J. Engellenner Registration No. (Attomey/Agent) I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Corpnins looks for Patents, Washington, DC 20231, on the date shown below.		581	40	581	40		
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 "Reissue independent claims over original patent 110 18 210 9 "Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (5) "*or number previously paid, if greater, For Reissues, see above SUBMITTED BY Complete (if applicable) Registration No. (Attomey/Agant) Registration No. (Attomey/Agant) Pee Transmittal I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Congnisators for Patents, Washington, DC 20231, on the date shown below.		146	710	246	355		
109 80 209 40 "Reissue independent claims over original patent over original patent of a design application of a design applic	'	149	710	249	355	examined (37CFR-1=129(b))	
169 900 169 900 Request for expedited examination of a design application SUBTOTAL (2) (\$) "Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) (\$) (*410000 "Registration No. (Attomey/Agent) Paid. Signature Fee Fransmittal I hereby certify that this correspondence is being deposed with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Congnission for Patents, Washington, DC 20231, on the date shown below.		179	710	279	355	Request for Continued Examination (RCE), 355.0	
SUBTOTAL (2) (5) **or number previously paid, if greater, For Reissues, see above SUBMITTED BY Registration No. (Attomey/Agent) Signature Registration No. (Attomey/Agent) Date August 27, 2001 Fee Fransmittal I hereby certify that this correspondence is being deposed with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Congnission for Patents, Washington, DC 20231, on the date shown below.	over original patent	169	900	169	900		
**or number previously paid, if greater, For Reissues, see above SUBMITTED BY Complete (if applicable) Name (print/type) Thomas J. Engellenner Registration No. (Attorney/Agent) Signature Date August 27, 2001 I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Commission for Patents, Washington, DC 20231, on the date shown below.		Other	fee (spec	ify)			
SUBMITTED BY Name (print/type) Thomas J. Engellenner Registration No. (Attomey/Agent) 28,711 Telephone 617-439-2948 Signature Date August 27, 2001 I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Commission for Patents, Washington, DC 20231, on the date shown below.		*Redu	iced by B	asic Filir	ng Fee P	· · · · · · · · · · · · · · · · · · ·	
Name (print/type) Thomas J. Engellenner Registration No. (Attorney/Agent) 28,711 Telephone 617-439-2948 Signature Date August 27, 2001 Thereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Commission for Patents, Washington, DC 20231, on the date shown below.		<u> </u>		,	-		
Signature Date August 27, 2001 Thereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: BOX AF, Assistant Commission for Patents, Washington, DC 20231, on the date shown below.		Penint	ration Ma	Te -			
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	an envelope addressed to: BOX AF, Assistant Commission	WELLO	Patents	osiai s s, Wast	nington,	DC 20231, on the date shown below.	
Dated: August 27, 2001 Signature: (I nomas J. Engellenner)	94	KM	-	_	7		
	Dated: August 27, 2001 Signature:	Y				(inomas J. Engellenner)	